

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011749
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 814

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Webster Groves Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Glenwood Clinic INSTITUTION Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) 1602 Tower Grove Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Last Pullaro Sr.		4. DATE OF DEATH Month 3 Day 25 Year 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1883
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tavern Owner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) ITALY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vincent Pullaro		13b. MOTHER'S MAIDEN NAME Catherine LaRusso	
14. NAME OF HUSBAND OR WIFE Dorothy Pullaro			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-38-9435	
17. INFORMANT Mrs. Dorothy Pullaro		Address 1600a Tower Grove Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIUM infarction Acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart Disease DUE TO (c) Generalized Arterio sclerosis 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dermatitis exfoliativa			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) March 20 1959	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis STATE Mo.	
21. I attended the deceased from Death occurred at 8:50 a.m. to March 25, 59 and last saw him alive on Mar. 25 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Allen Burrell M.D.		22b. ADDRESS 1444 Hickory Lane, St. Louis 3-25	
22c. DATE SIGNED			
23a. DATE OF BURIAL March 28, 1959		23b. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23c. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR John J. Burrell		25. DATE RECD. BY LOCAL REG. 3-26-59	
26. REGISTRAR'S SIGNATURE John J. Burrell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.